

One, studies comparing varying laser pulse energy and laser pulse duration with respect to success and side effects of the method are lacking so far. Obviously, the work of Bush is very important; therefore, it would be most welcome to see original data on the optimal laser treatment protocol in more detail. Particularly the “resealing” phenomenon described by Bush seems to be of interest.

Second, rates of short-term and long-term treatment failure are necessary to be determined by standardized follow-up protocols, to identify patients most suitable for this kind of therapy and also to determine those who benefit less. In our patient cohort including all kind of patients (C_2 - C_6 , $E_{P,S}$, $A_{S,D}$, P_R), with comparable numbers and follow-up intervals as mentioned by Bush, at least some medical conditions associated with heavy anticoagulation treatment like coumadin seem to prone the patient for treatment failure or early recanalization of the treated vein.

Thomas M. Proebstle, MD, MSc

Department of Dermatology
University of Mainz
Mainz, Germany

Competition of interest: The University of Mainz is receiving funds for research equipment and a research assistant from Dornier MedTech Laser GmbH, Industriestrasse 17, 82110 Germering, Germany. Dr Proebstle has been receiving a honoraria for speaking at workshops organized by Dornier MedTech Laser GmbH.

doi:10.1067/j.mva.2003.10

Reply

We congratulate Dr Bush for establishing endovenous laser treatment so successfully as an ambulatory procedure. His report on 350 treated limbs with respect to the safety of the method corroborates our experience with similar numbers. However, at least two issues mentioned in his letter deserve further consideration.